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PTO/SB/21 (08-00)

# TRANSMITTAL FORM

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|  |                        |                         |
|--|------------------------|-------------------------|
|  | Application Number     | 10/815,653              |
|  | Filing Date            | April 2, 2004           |
|  | First Named Inventor   | Shunpei YAMAZAKI et al. |
|  | Group Art Unit         | 2822                    |
|  | Examiner Name          |                         |
| Total Number of Pages in This Submission | Attorney Docket Number | 0756-7280               |

## ENCLOSURES (check all that apply)

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| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Declaration and Power of Attorney<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosures<br>1.<br>2.<br>3.<br>4.<br>5.<br>6. |
| Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-2280 for the above identified docket number.   |   |   |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |  |
|-------------------------|--|
| Firm or Individual name | Eric J. Robinson, Reg. No. 38,285<br>Robinson Intellectual Property Law Office, P.C.<br>PMB 955<br>21010 Southbank Street<br>Potomac Falls, VA 20165 |
| Signature               |  |
| Date                    | 6-30-04  |

## CERTIFICATE OF MAILING

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